

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$4,107.00 for date of service, 05/22/01.
- b. The request was received on 05/22/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. Initial Submission of TWCC-60
 1. HCFA 1500s
 2. Operative Report
 3. Preauthorization approval dated 05/09/01
 - b. Additional documentation requested on 06/07/02 and received on 06/20/02
 1. Position statement, dated 06/20/02
 2. HCFA 1500s
 4. EOB
 5. Operative Report
 6. Preauthorization approval dated 05/09/01
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60
 - b. Medical Audit summary/EOB/TWCC 62 form
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. A copy of a Carrier's unsigned notice of request for additional information is reflected as Exhibit III of the Commission's case file. However, this notice was placed in the wrong Carrier Austin Representative box. On 07/23/02, the Medical Dispute Division notified the correct Insurance Carrier of the Requestor's dispute. The Carrier's initial response was received on 06/21/02 with additional information received on 07/29/02.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 06/20/02

“We have never been sent an explanation of benefits so I cannot attach one. I have requested over and over for a reason of denial, and over and over for an eob, with none forthcoming. Regardless of the facts the adjuster on this case... will not review see their mistake and just pay the claim per Twcc guidelines. My phone calls are not returned and although I have called for months now to resolve this I cannot get a call back or anyone to review this see the mistake and make payment.”

2. Respondent: No position statement

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 05/22/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor’s Table of Disputed Services, the Requestor billed the Carrier \$7156.76 for services rendered on the above date in dispute.
4. Per the Requestor’s Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the above dates in dispute. However, an EOB submitted by the Requestor indicates a \$1087.63 partial payment to the surgeon’s assistant.
5. The Carrier’s EOBs issued to the Requestor denies reimbursement as “D DUPLICATE BILL 421-H-2999-0”.
7. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
05/22/01	23420	\$3792.00	\$0.00	D	\$1922.00	TWCC Rule	<p>The Carrier has denied these dates of service as, "D DUPLICATE BILL 421-H-2999-0". The Carrier's denial codes does not "...provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)" as required by TWCC Rule 133.304.</p> <p>As Carrier did not provide documentation or an original EOB to support their denial of reimbursement and the Requestor has provided documentation to support services billed, reimbursement is recommended. Per the Requestor's Table of Disputed Services, the Carrier made no reimbursement for these services. However, an EOB with a review date of 07/1901, submitted by the Requestor, shows Carrier reimbursed \$1087.63 to the Requestor's assistant, not the Requestor. Therefore, services billed will be reviewed as an "F" denial and reimbursement recommended as follows:</p> <p>For CPT Code 23420, the Requestor billed \$3792.00, MAR is \$1922.00. Payment made by Carrier was \$0.00. Reimbursement of \$1922.00 is recommended.</p> <p>For CPT Code 23120-51, the Requestor billed \$1649.76, MAR is \$809.00 and the Carrier paid \$0.00. This CPT Code is subject to the multiple procedure rules. Therefore, reimbursement in the amount of \$404.50 is recommended (1/2 of \$809.00 MAR = \$404.50).</p> <p>CPT Code 37202 has a MAR value of \$870.00. Carrier did not reimburse any monies for this code; therefore reimbursement of \$870.00 is recommended.</p> <p>CPT Code 29815 has a MAR of \$506.00. Carrier did not reimburse any monies for this code; therefore, reimbursement of \$506.00 is recommended.</p> <p>Total additional reimbursement recommended for services billed is \$3702.50.</p>
05/22/01	23120 51	\$1649.76	\$0.00		\$809.00	133.304(c);	
05/22/01	37202 59	\$1019.00	\$0.00		\$870.00	MFG SGR (I)	
05/22/01	29815	\$696.00	\$0.00		\$506.00	(D); CPT Descriptor	
Totals		\$7156.76	\$0.00				The Requestor is entitled to reimbursement in the amount of \$3702.50 .

The above Findings and Decision are hereby issued this 5th day of November 2002.

Denise Terry
 Medical Dispute Resolution Officer
 Medical Review Division

DT/dt

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$3702.50** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 6th day of November 2002.

Carolyn Ollar
Supervisor - Medical Dispute Resolution Officer
Medical Review Division

CO/dt